Entered - 06/11/01 - sb CL01L0350 - DIANNE C. MITCHELL

01- £-1367

CLAIM OF: ROBYN K. WALTERS,

through her insurance carrier, Nationwide Insurance Company

P. O. Box 1612

Alpharetta, Georgia 30009

For damages alleged to have been sustained as a result of a vehicular accident on April 25, 2001 at Cascade Avenue and Avon Avenue.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

Standing committees

AGENDA

SEP 1 7 2001

SEP 1 7 2001

SEP 1 7 2001

ATLANTA CITY COUNCIL PRESIDENT

CHAIR: 9/19/01

CHAIR: 9/19/01

SEP 1 7 2001



## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

October 2, 2001

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

Nationwide Insurance Co. Insurance Carrier Attn: Martini Hicks P.O. Box 1612 Alphaaretta, GA 30009

01-R-1367

RE: Robyn K. Walters

Dear Ms. Hicks:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on September 17, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly, Hunda Laughin Johnson

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. <u>01L0350</u>	Date: <u>August 6, 2001</u>
Claimant /VictimROBYN K. WALTERS	
BY:(Ins. Co.) Nationwide Insurance Compa	any
Address: P O Box 1612 Alpharetta G	eorgia 30009
Subrogation: X Claim for Property damage \$	Not Stated Bodily Injury \$
Date of Notice: 06/07/01 Method: Wi	ritten, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.) X
Date of Occurrence 04/25/01 Place	ce: Cascade Avenue and Avon Avenue
Department Police	Division:
Employee involved Ronald W. Hudson	_ Division: Disciplinary Action:
NATURE OF CLAIM. The deises of the City and inle	failed to viold might of year to the element's rehiele correins
MATURE OF CLAIM: Ine driver of the City venicle	failed to yield right-of-way to the claimant's vehicle causing
is pursuing collection of the damages on her own. (Se	carrier has withdrawn its subrogation claim and the claimant
is pursuing confection of the damages on her own. Se	e Claim Number (1120300)
INVESTIGATION:	
Statements: City employee Claimant	Others Written Oral
Pictures Diagrams Reports: Police	Others Written Oral te Dept Report X Other
Traffic citations issued: City Driver X	Claimant Driver
Citation disposition: City Driver	Claimant Driver
endion disposition. Only Direct	
BASIS OF RECOMMENDATION:	
Function: Governmental X	Ministerial
Improper Notice More than Six Months	Ministerial Other X Damages reasonable
City not involved Offer rejection	cted Compromise settlement
Renair/replacement by Ins. Co.	Renair/replacement by City Forces
Claimant Negligent City Negligent	Joint Claim Abandoned
	Respectfully submitted,
	Dam luddel
	INVESTIGATOR - DIANNE C. MITCHELL
RECOMMENDATION:	
RECOMMENDATION.	١
Pay \$ Adverse X	Account charged: 1A01 2J01 2H01
Claims Manager: //www.tuttu	Concur/date <u>08-0701</u>
Committee Action:	Council Action
Committee / terroit.	
FORM 23-61	

## Atlanta City Council

## Regular Session

MULTIPLE 01-R-1367

Unfavorable Claims; Items 20-59

ADOPT

YEAS: 12 NAYS: 0 ABSTENTIONS: 0 NOT VOTING: 3

EXCUSED: 1
ABSENT 0

Y McCarty Y Dorsey Y Moore Y Thomas Y Starnes NV Woolard Y Martin Y Emmons Y Bond Y Morris E Maddox NV Alexander Y Winslow Y Muller Y Boazman NV Pitts